PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

9281/4597

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY							
TOTAL CLAIMS			13					RATE	FEE		RATE	FEE						
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00						
TOTAL CHARGEABLE CLAIMS			13 minus 20=		* 0			X\$ 9=		OR	X\$18=	O						
	EPENDENT CL		/ minus 3 =		* 0			X42=		OR	X84=	0						
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT	ESENT				+140=		OR	+280=	0						
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2		ΓΟΤΑL		OR	TOTAL	750						
CLAIMS AS AMENDED - PART II								SMALL ENTITY OF			OTHER THAN SMALL ENTITY							
		(Column 1) CLAIMS		(Column 2) HIGHEST		(Column 3)	SimAL!)	J.IIALL (
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE						
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=							
	Independent	*	Minus			=		X42=		OR	X84=							
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=	, t						
ADDI										OR	TOTAL ADDIT. FEE							
(Column 1) (Column 2) (Column 3)																		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE						
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=							
AMENDMENT	Independent	*	Minus	***		=		X42=		OR	X84=							
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=							
	TOTAL										TOTAL							
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE																		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE						
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=							
	Independent	*	Minus	***	T CL 494	=		X42=		OR	X84=							
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=							
		mn 1 is less than the					. L	TOTAL		ΩP	TOTAL							
	If the "Highest Nu	ımber Previously P	aid For" IN TH	IS SPACE	is less tha	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 12/02)